

A circular stamp from the Oficina Intercalar de Patentes y Marcas (OIPE) in Chile. The outer ring contains the text "O I P E" at the top and "PATENT & TRADEMARK OFFICE" at the bottom. The inner circle contains the date "JAN 18 2005".

Our Docket No: 42P11764

3621  
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Joshi )  
Examiner: Cangialosi, Salvatore A.  
Application No: 09/955,246 )  
Art Unit: 3621  
Filed: September 17, 2001 )  
For: A Method for Providing Database )  
Security )

## AMENDMENT

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 10, 2004, applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

**FIRST CLASS CERTIFICATE OF MAILING**

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

January 14, 2005

Date of Deposit

Leah Schwenke

**Name of Person Mailing Correspondence**

Aleah Schwerle  
Signature

Signature

1/14/05

Date



**EE TRANSMITTAL  
for FY 2005**

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)

Complete if Known	
Application Number	09/955,246
Filing Date	September 17, 2001
First Named Inventor	Ajit P. Joshi
Examiner Name	Cangialosi, Salvatore A.
Art Unit	3621
Attorney Docket No.	42390P11764

**METHOD OF PAYMENT** (*check all that apply*)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)       Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## **1. EXTRA CLAIM FEES**

I. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	27	27*	= 0	X 50.00 = \$0.00
Independent Claims	5	5**	= 0	X 200.00 = \$0.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>				<b>(\$)</b> <b>0.00</b>

*\*\*or number previously paid, if greater, For Reissues, see below*

## **2. ADDITIONAL FEES**

### **Large Entity      Small Entity**

**Fee Description**

ate filing fee or oath  
ate provisional filing fee or cover sheet.

pecification  
ply within first month  
ply within second month  
ply within third month  
ply within fourth month  
ply within fifth month  
eal  
n support of an appeal  
ral hearing  
stitute a public use proceeding  
e Commissioner  
e under 37 CFR 1.17(q)  
f Information Disclosure Stmt  
ssion after final rejection (37 CFR § 1.129(a))  
onal invention to be examined (37 CFR § 1.129(b))

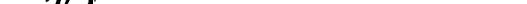
**Other fee (specify)**

**SUBTOTAL (2)**

Fee Paid

**SUBMITTED BY**

**Complete (if applicable)**

Name (Print/Type)	<b>Mark L. Watson</b>	Registration No. (Attorney/Agent)	<b>46,322</b>	Telephone	<b>(303) 740-1980</b>
Signature				Date	<b>01/14/05</b>

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450